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APPLICANTS

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ml ** CONTINUING DATA *****

ml ** FOREIGN APPLICATIONS *****
 GERMANY 102 31 461.6 07/05/2002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 11/24/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GERMANY	SHEETS DRAWING 6	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 1
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Verified and Acknowledged
 Examiner's Signature *[Signature]* Initials *[Initials]*

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TITLE
 Fluid pump for medical purposes and measuring chamber therefor

FILING FEE RECEIVED 1205	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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